

Parks and Recreation

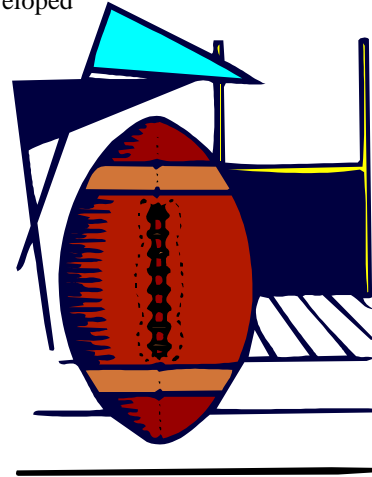
3500 South Rural Road, Tempe, AZ 85282



2000 "All City" Youth Flag Football K & 1st / 2nd & 3rd Grade Girls & Boys

Each player is guaranteed to play half of the game. Tempe Parks and Recreation has developed the flag football program around a philosophy of participation, skill development, good sportsmanship, friendly competition and a series of fun experiences. Games played at the Tempe Sports Complex and Daley Park. Fee: \$15 (includes team shirt)

- **Play:** Monday, Tuesday, or Wednesday; Sept. 25-Nov. 8
6:15 or 7:15 PM. Meet once per week (includes practice and game).
- **League Categories**
KG & 1st grade; 2nd & 3rd grade
- **Registration --** Deadline: September 20
 - Mail-In or Drop off completed Registration Form to the address above.
 - On-Line through our web site at <http://www.tempe.gov/pkrec>.



2000 "All City" Youth Flag Football Registration Form

Fall 2000

Participant Name: _____	Date of Birth _____	Grade _____	School _____
Address: _____	APT # _____	City _____	Zip _____
Phone: Eve _____	Day _____	Additional _____	Additional _____
Parents' Names: _____			
Field Preference (✓) ____ TSC ____ Daley		Has your child participated in organized sports or flag football: _____	

Waiver of Liability

With knowledge and appreciation of the risk of injury, I wish to participate in this Activity. I agree to assume the risk of personal injury while participating. I understand the City of Tempe does not carry accident, sickness, or medical insurance for participants. I understand that all reasonable efforts will be extended to insure my health and safety. If the Class/Activity includes any physical exertion, I agree to perform the exercise at my own ability level. I fully understand the nature of this Class/Activity, and I waive and release and hold harmless the City of Tempe and any of its agents, employees, officers, council members, and sponsors for any and all rights and claims for damages or costs I may have against the City of Tempe, its agents, employees, officers, council members, and sponsors for personal injury, death, or property damage suffered by me, or that I may cause to others, as a result of my participation in this Class/Activity. I agree to look to my private physician for medical advice and care and to notify my teacher or instructor of any physical limitations I might have or modifications I might need to the Class/Activity. I will require the following accommodation to participate: _____.

I have read and clearly understand the above statements. I realize this is a contract between myself and the City of Tempe and is a release of Liability. I sign it of my own free will.

REQUIRED: Parent or Legal Guardian Signature AND Printed Name

Date

Fee: \$ _____ Credit Card Number ____ -- ____ -- ____ Exp. Date: _____

Enclosed Check # _____ OR Signature Authorizing Charge to above number _____

Fee: \$15

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